

### STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

**RECEIVED** 

PLEASE PRINT

MDD 1/1 2017

L Name of Labbring (s) Katrina Ise		NEW HAMPSHIRE DEPARTMENT OF STATE	
I. Name of Lobbyist(s)			
II. Name of lobbyist's partnership, f	ny:		
N/A	•	•	
(Name of partnership,	firm or corporation)		
280 Beacon Street #31	Boston	MA	02116
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(617) 266-3119	(617) 266 5122	a mail katrina is	serman@sunovion.com
(Telephone)	(617) <u>266-5122</u> (Fax		erman@sunovion.com
III. This statement covers: (Choose e reportable expense transactions whi	ch are not attributable	to any one client).	
✓ All reportable transactions occurring	ng in the months prior to	the reporting date relative to	the following client:
Sunovion Pharmaceuticals In	nc.		
	Client as it appears on the Lo	obbyist Registration Form)	
OR			
☐ All reportable transactions by the lounrelated to any particular client.	obbyist (including the lob	obyist's family), or the lobby	ing firm listed below which are
IV. Date of Report April 26, 201 Reports cover: activity from date of re		July 26, 2017 Lactivity from 4/1/17 to 6/30	V <b>1</b> 7
October 25, 2 activity from 7/1/		January 31, 2018 [ activity from 10/1/17 to 12	
V. There have been no fees received If this box is checked, complete just the Concord, NH 03301.			
VI. Check if additional reports are a	nttached:		
If you have received fees or made		file <b>Addendum A</b> – Fees and	d Expenses
☐ If you have paid an honorarium or Expense Reimbursement			
☐ If you, your firm, or your family h	as made political contrib	outions, you must file Adder	ndum C- Political Contributions
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowled	14-C and RSA 664 and hedge and belief.	nereby swear or affirm that the	he foregoing information is true
(Signature of lobbyist)		41-12-17	<del>,</del>
		(	Date)
Katrina Iserman			
(Print Name of lobbyist)	<u>.</u>		

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# STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Katrina Iserman					
II. Name of lobbyist's partnership, firm or corporation, if any:					
N/A					
(Name of partnership, firm or corporation)					
III. Name of Client Sunovion Pharmaceuticals Inc.	Date 4/10/2017				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations services				
a) Total of all fees received in this reporting period	a) \$ 679.00				
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0.00</u> ear)				
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>679.00</u>				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of al le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ger than \$25, but not greater than \$50 , expense reimbursement, or political				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0.00</u>				
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ 4.50				
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00				

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4.50
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 0.00
f) Total of all expenses year to date	f) \$ 4.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	4-12-17 (Date)
Katrina Iserman	(Date)
(Print Name of lobby ist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Incom	e and Expenses for:		
Name of Lobbying par	tnership, firm, or corpo	oration: Katrina Iserman	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Sun	ovion Pharmaceuticals,	Inc.	
Date of Report (check	one):		
April 26, 2017 🗹	July 26, 2017 □	October 25, 2017 □	January 31, 2018 □
			d Expenses described above, and imber of Addendum forms being
1 Addendum A(s	s).		
O Addendum B(s	s).		
0 Addendum C(s	3).		
complete to the best of	m that the foregoing in my knowledge and bel	ief.	at and each Addendum is true and
Katrina Iserman			